سامية محمد مصطفى

شبكة المعلومات الجامعية

بسم الله الرحمن الرحيم

سامية محمد مصطفى

شبكة المعلومات الجامعية

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التوثيق الالكتروني والميكروفيلم

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سامية محمد مصطفى

جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات

يجب أن

تحفظ هذه الأقراص المدمجة بعيدا عن الغبار

سامية محمد مصطفى

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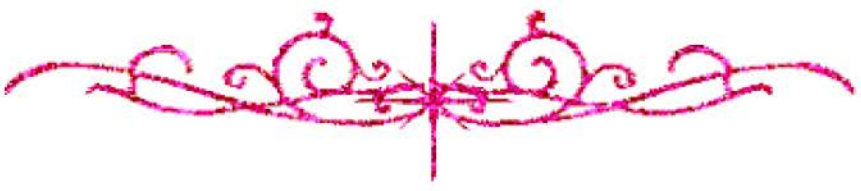
بعض الوثائق الأصلية تالفة



سامية محمد مصطفى

شبكة المعلومات الجامعية

بالرسالة صفحات لم ترد بالأصل

A new concept in Management of Complications after Biliary surgery

Thesis

Submitted for partial fulfillment of MD Degree in General Surgery

By

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Introduction

Safe and successful surgery on liver, bile ducts requires detailed knowledge of the anatomy and physiology, technical competence, and good understanding of underlying disease and therapeutic alternatives.

Most intraoperative and postoperative complications can be traced to some violation of these basic principles and are therefore preventable.

(Schirmer, et al., 1991)

Biliary surgery in certain cases is followed by a wide range of complications including Bilomas, Biliary Peritonitis, Bile duct injuries, strictures, external and internal biliary fistulae.

Bowel and vascular injuries more commonly follow Laparoscopic biliary surgery occuring in 0.14% and 0.25% of cases respectively and were the most lethal complications. *(Deziel et al., 1993)*

A post operative bile fistula is a rare but severe complication, after biliary surgery. There have been numerous reports of bile leaks following T. tube removal, and various forms of bile duct injuries. These leaks can result in bile ascites, biloma or bile peritonitis.

Bile duct injuries, unrecognized intraoperatively, lead to bile duct strictures that are discovered in postoperative period. Conventionally these complications necessitate immediate surgical interventions.

Recently, various endoscopic and radiological techniques have been introduced to identify and treat most of these complications, reserving surgery for cases of failure of such modern techniques and in cases of major injuries *(Sammak et al., 1997; Jacobs et al., 1998).*

By adopting a selective and staged approach with judicious use of endoscopy, radiology and surgery, satisfactory results of these distressing complications can be achieved. *(Singh et al., 1997).*

Aim of the work

This study aims at evaluating the role of endoscopic and radiological management of duodenal and bile duct injuries during and after hepatobiliary surgery.

It will compare the results of surgical intervention alone with the results of a selective and staged approach using endoscopy, radiology and surgery in the management of these complications.

Patients and methods:

30 Patients presenting with bile duct leaks, biliary peritonitis, biliary fistulae, bile duct injuries, strictures and duodenal injuries following open and laparoscopic biliary surgery, will be enrolled in this study.

A careful history and thorough examination will be carried out. Endoscopic retrograde cholangiopancreatography (ERCP) will be performed when appropriate, and a bile duct or nasobiliary stent will be placed when indicated.

Percutaneous drainage will be considered in the presence of biloma.

Surgery will be prformed in selected cases, and its timing decided according to individual circumstances.

This approach will be compared with immediate surgical intervention that is conventionally pursued in other centers.